



education is **POWER**

SCHOLARSHIP PROGRAM

MedPro Rx™

A DIPLOMAT® COMPANY

Please click here to visit our website at: www.medprorx.com

Education Information:

Class Level (as of September 2015): Freshman Junior Other
 Sophomore Senior

School Preference: _____

First Choice: _____

Second Choice: _____

What general course of study are you planning to pursue? _____

How do you intend to pay for school? (Check the ones that apply)

Family Self Loan Scholarships

Where will you live while attending school? Dormitory At home Rented Room

With Friend/Relative Other (please specify) _____

How did you hear about the MedPro Rx, Inc. scholarship program?

Please list in what year(s) if you have previously applied or received the MedPro Rx, Inc. scholarship and the amounts awarded? (ex: 2014, \$2,500, etc.)

Note, we invite all prior eligible applicants/recipients to reapply.



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Essay: Choose one of the questions below (no less than 250 words on a separate sheet of paper)

- What are your dreams and aspirations?
- Tell us what you are most passionate about?
- How has living with a bleeding disorder affected your life?
- If you had the power to change something in the world what would it be?

I certify that the information I have submitted is true and accurate to the best of my knowledge. Disclosing false information may jeopardize my award at any time. In the event that there is a change in any of the information presented in the application, I will promptly notify the MedPro Rx scholarship coordinator.

Print Name of Applicant

Date

Signature of Applicant

The MedPro Rx, Inc. scholarship, granted under the "Education is Power" program, will be awarded by committee. All decisions made by this committee are final. Your information will be kept confidential and will be used only for the purposes of education. It may be necessary for someone on the committee to contact you directly for a personal interview or to qualify any information contained in this application. Should you be awarded a scholarship, you will receive notification via email and/or telephone and by U.S. mail.

Your completed application and documentation should be returned by U.S. mail only, no later than *June 1, 2015* to:

MedPro Rx[™]
A DIPLOMAT[®] COMPANY

"Education is Power" Scholarship
140 Northway Court
Raleigh, North Carolina 27615-4916

Thank you.

Sincerely,

Kathy Robinette-Stoneberg

*Kathy Robinette-Stoneberg
Scholarship Coordinator
robinettestone@medprorx.com*



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Recommendation or Character Reference

Note to applicant: Please fill out the first two lines of this form and give it to the person making the recommendation or character reference. Please note this should not be a relative.

Name of Applicant: _____

Address of Applicant: _____

What is your relationship to the above applicant? _____

How long have you known the applicant? _____

What are the applicant's most significant talents? _____

Name

Contact telephone number

Signature

Date

Thank you for taking the time to complete this form.

Please return this form to the student for mailing prior to the June 1st application deadline. Thank you.



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Please be advised that the following student is applying for the “Education is Power” scholarship. I would respectfully request that you fill out the form confirming that the student has a bleeding disorder and what type. **To be completed by scholarship applicant**

Name: _____

Address: _____

To be completed by a Physician/Nurse

What type of bleeding disorder has this applicant been diagnosed with?

- Hemophilia A
 Hemophilia B
 von Willebrand Disease

 Type I
 Type II
 Type III

 Physician/Nurse Signature

 Date

 Hemophilia Treatment Center

 Telephone number

 Address

Please return this form to the student for mailing prior to the June 1st application deadline. Thank you.

Kathy Robinette-Stoneberg

*Kathy Robinette-
 Stoneberg, Scholarship
 Coordinator*



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GRANT AND RELEASE

THIS GRANT AND RELEASE ("Release") is between MedPro Rx, Inc. ("MedPro") and [the parent/guardian of] _____ [(referred to herein as "I" and "me")] [referred to herein as "my child". MedPro has granted to a scholarship to _____ as part of MedPro's 2015-2016 Scholarship Program (the "Program"). I recognize that, in exchange for the benefits received from the Program, there may be times when MedPro or someone properly authorized by MedPro, such as media representatives, may want to interview, photograph, and/or videotape [me] [my child]. Consequently, I grant permission to MedPro, and to anyone properly authorized by MedPro, to interview, photograph, audio- record and/or videotape [me] [my child] in connection with the Program.

This grant of permission means that, in addition to other appropriate uses (which include, but are not limited to, inclusion in or on MedPro publications, websites, promotional materials, advertisements, presentations, and programs) information obtained from [me] [my child] and [my] [my child's] likeness and name may be used in conjunction with or by any medium, including print, electronic, radio, and television.

By signing this Release, I waive any cause of action I [and/or my child] may have, or that the student may have, against MedPro or any third parties that provide equipment, resources, facilities, or other materials for the purposes herein, pertaining to the reproduction, publication, and/or use of information obtained from [my] [my child's] name or likeness in connection with interviewing, photographing, audio- recording and/or videotaping.

Parent/Guardian Signature

Date

Student Signature

Date

Street Address

Home Phone Number

City

State

Zip Code